

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 12/02/2019	Time of Crash 10:23 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			NORTH 100 HAMMOND STREET Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001235	
License # --- St MA DOB/Age ---			Reg # 8EX751 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016 Veh Make RANGE ROVER Veh Config. 1 20	
Operator WINSTON ALEX Last First Middle			Owner WINSTON DANIELA Last First Middle			Address 39 GREEN PK			City NEWTON State MA Zip 02458	
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 21 22 22 22 22			Most Harmful Event 21 23			Driver Contributing Code 1 24 24	
Citation # (If Issued)			Underride/Override 25 Towed Y			Diagram: 10 Undercarriage 5 11 Totaled				
Violation 1: Ch Sec Violation 2: Ch Sec										
Violation 3: Ch Sec Violation 4: Ch Sec										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address			Age/DOB Sex			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			Medical Facility	
Operator See Above			-----			1 4 4 0 0 10 1				
Please Select One of the Following:			<input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20	
Operator Last First Middle			Owner Last First Middle			Address			City State Zip	
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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Operator/Non-Motorist See Above			-----			1 4 4 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☺ Pedestrian

ie: → 1 → 2 → ☺

Crash Diagram:

Hammondswood Road

Hammond Street

100

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

☺

Crash Narrative:

Op MV#1 was traveling north on Hammond Street when MV#1 slid in the slush and collided with a tree on the side of the road.

-I observed the damage to the tree at the intersection of Hammond and Hammondswood. I observed the damage to the middle center of MV#1. I saw small wood fragments and sap in the hood, bumper and license plate of MV#1. I observed the slush on the road and on the surrounding ground.

-OpMV#1 did not report injuries at the scene and declined further medical care. MV#1 was towed from the scene by Toddy's Towing .

1 photo of the damaged tree was taken by Ofc. Crowe and sent to the IT Bureau for upload.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVENUE NEWTON, MASSACHUSETTS 02459		3	TREE

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

DAVID A. CALDERON NEWTON POLICE DEPARTMENT 12/02/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00